	PAIENT	APPL	ICATION F	EE DETERI	MINATIO	o a collection	of information	Office; U.S. D	PTO/SB/ pugh 7/31/2006. OMB (DEPARTMENT OF CO ays a valid OMB contro lion or Dockel Number
			Substitute	for Form PTO-8	375	N RECOR	D	Applicat	ion or Dockel Number
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the entry in column 1 the "Highest Number the "Highest Number F e "Highest Number Pr ction of information is	is less than the	entry in c	olumn 2. write "	'0" in aut	ADD'L FEE		7	TOTAL	
ure Highest Number of	Previously Par	1 FOL, IN 1	HIS SPACE is	o in column 3, less than 20, enter ". ess than 3, enter ".) is the highest nutlion is required to 5.C. 122 and 37.C.	"20". 3". mber found ir obtain or re FR 1.14. This	L	JOR ,	ADD'L FEE	l

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS